



**LI RPC HHH (Health Home/HARP/HCBS) Workgroup**

**Thursday 6/4/20**

Held through Go To Meeting

**MINUTES**

**Attendance:** Alyssa Gleason, Tiffany Moore, Liz Perry, Erin O'Connor, Ivette Morales, Vitina Salvato, Charles Federspiel, Emily Vaianella, Alyssa Tosi, Jim Sluder, Ariel Rios, Susan Wilner, Kimberly Staab, Jacki Powers, Paula Fries, Christina Ivanoff, David Close, Jaclyn McCarthy, Ayesha Siddiqui, Mike Stoltz, Leon Marquis, Gina LaSerra, Romy Martin, Lorrie Oricoli, Andrew Trakis, Donna Taylor, Lana Kats, Georgia Kuhlen, Latoya Deans, Marjorie Stuckle, Nicole Benjamin, David Barhome, Jennifer Scioscia, Melissa Amodeo, Joyce Law, Bridget Baio, Nuzhat Quaderi, Gerald Garland, Michael Bellotti, Elizabeth Beyer, Gala Alzokm, Erik Lantier, Brittany Gavula, Kristie Golden

**Meeting began at 1:38 PM**

- **Introductions** – Alyssa began the meeting and introduced herself as the new RPC Coordinator.
  
- **Purpose and Direction of Workgroup** – Alyssa asked the group for feedback on what direction they want this workgroup to go in, what has been helpful and if there are any areas to focus on?
  - Mike Stoltz initiated the dialogue and stated that the upcoming changes that are expected make it difficult to discuss direction at this time. Need to look at the new guidance and then can have these discussions
  - Dr. Close – guidance should be released from OMH within the next 2 weeks regarding the changes.
  - Mike Stoltz – think the group should look at Health Home Plus – what can be the best practices as this was underutilized.
  - Conversations occurred in agreement with Mike about Health Home Plus.
  - OMH will be setting up another call with adult providers at the end of June for a check-in
  - Jackie Powers – stated she is the co-chair on a Statewide Taskforce and they have three workgroups: CMA, Health Home and MCO. She can relay information back to this group after the next CMA workgroup meeting.
  - Ayesha Siddiqui – MCO's would benefit from being a part of the CMA workgroup that Jacki mentioned.

- **Agency Check-ins:** Current state of services. Re-integration Plans. Where can the RPC help?
  - Lana Kats– what do we want to advocate for with telehealth options?
  - Mike Stoltz – ability for people to participate in telehealth is not the same for all. Some don't have the technology or supports for technology to do it. We need to do better with this.
  - Marge Stuckle– is there any data for tracking the technology or connectivity issues?
  - Paula Fries – MHAW is asking clients about their technology needs as they are meeting with new clients. This can be something addressed from an advocacy point. Possible to do a workgroup around this. Finding ways to use funds to assist clients.
  - Bridget Baio – doing more in-depth technology assessment now. Some barriers are that there are clients that are not tech savvy and live in communal situations. Work group would be beneficial.
  - Georgia Kuhen – agree with Bridget.
  - Dr. Close – OMH is in talks about telehealth continuing, but this is waiting on CMS. In talks with CMS about how the services can be provided.
  - Marge Stuckle – hybrid model is what is being discussed around the regions. Need data. Need to know how many will be impacted if telehealth continues.
  - Liz Perry – if we had time before to help clients understand and navigate the technology we may have been more successful. Going forward we will teach them the platforms. Would be good to look at what the cost of doing telehealth is versus what we were paying Medicaid cabs.
  - Paula Fries – how can agencies offset the cost that will go to the clients. Doing a tech needs assessment with clients. It's important not to lose the telephonic option with telehealth.
  - Mike Stoltz – Co-Chair of VOAD. Technology is under “Health Equity”. Have plans been addressing this nationally?
    - Donna Taylor – Health First focused on how to get providers up and running.
    - Lana Kats – UHC involved with community with helping with PPE, provider help. Data collection is important.
    - Marge Stuckle – Empire – as a plan it changed. Now linking to food pantries. Care Managers have changed and expanded what they're checking in on. PPE connections.
  - Talking with Case Managers may help. Agencies have also become food delivery.
  - Are we seeing any changes from DSS?
    - Kimberly Staab – anyone active as of 3/18 remains open. DSS is not closing any cases. No recertification required. Everyone was extended for a year if benefits expired between March and August 2020.
  - If pivoting to telehealth, renewing and accessing supports needs to be addressed.

- **What data would be helpful to gather?**

- Kristie Golden – additional outreach has been happening. CPEP saw a dramatic decrease in people accessing their service. Could look at the frequency of outreach and did it have an impact on decrease in hospitalizations.
- Dr. Close – need to also look at outcome measures. Ex: less no shows. Need concrete info.
- Bridget Baio – increase in communication within the Health Home Care Management. Can we equate this to telehealth? Can look at pre and post interaction.
- Liz Perry – client on edge of crisis – we could reach out more frequently because of the telehealth. Telehealth allows staff to have more flexibility to increase communication.
- Mike Stoltz – telehealth isn't a panacea. Need face to face for certain aspects. Could be a slippery slope and we may miss people.
- Ayesha Siddiqui – more training is needed for telehealth provision to help providers.
- Dr. Close – talk is a hybrid model.
- Case Management has had the ability to use phone calls as part of their service provision, but HCBS services have not. Those could only be Face to Face.
- Paula – phone was occurring with HCBS services, but couldn't be billed for. Would be good to be able to be reimbursed for all the work that goes in to it. Data is being tracked at MHAW – pre-covid to current. Can look at number of contacts and no show rate.
- Lana Kats – experiences with virtual approach had different successes in different regions of New York.
- Liz Perry – important to look not just at the present of telehealth, but what it can be.
- Emily Vaianella – would be difficult to do only telehealth, but see the benefit of having the option.
- Joyce Law – agrees with hybrid model. Seen service utilization grow for difficult to engage clients through telehealth.
- Liz Perry – intake through the phone has been more successful.
- Jennifer Scioscia – hybrid has allowed more intakes to occur.
- Mike Stoltz – advocacy for monthly payment bundle for HCBS rather than current model
  - Lana Kats – agrees with Mike
  - Donna Taylor – can look at a focus workgroup for this. Regionally – look at making a demo for bundle.
  - Emily Vaianella – from a peer perspective, the billing and admin is time consuming and takes away from time with clients.
  - Consensus was a workgroup should hold off until the new regulations are rolled out.

**Meeting ended at 3:07 PM.**

Next Meeting: Will be scheduled – Date and Location TBD

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